

# Ohio Funeral Directors Association

13  
February  
2020



presents

## Master's Training Seminar

### Topics Include:

- OSHA
- Vital Statistics & Death Certificates
- Department of Veterans Affairs
- OBEFD certification requirements
- Funeral Service law and scenario situations
- Liturgical/non-liturgical service and duties of the Master Funeral Director

### Schedule

8:00 - 8:30 am Registration  
8:30 am - 3:45 pm - Programming  
(Lunch and breaks included)

Meets OBEFD CE Requirements  
6 CE approved

- 6 hours Face to Face
- 2 hours Laws & Rules
- 1 hour Ethics
- 1 hour Preneed

Certifications are good for five years. If you completed a Master's Training Seminar in 2015, you will need recertified in 2020.



Located at the OFDA office  
2501 North Star Road  
Columbus, OH 43221  
800-589-6332

diana@ofdaonline.org

registration on reverse side, or ofdaonline.org

# THE PRESENTERS...

## Dan Burleson

Stakeholder Support Unit Manager,  
Ohio Dept. of Health, Office of  
Vital Statistics

## Donald B. Ferfolia, Jr.

J.D., CFSP,  
Ferfolia Funeral Home

## Barb K. Garrison

MS, CHMM, CET, President,  
Safety & Environmental Solutions

## David A. Ingram, Esq.

Executive Director,  
Ohio Board of Embalmers and  
Funeral Directors





## Poul Lemasters, Esq.

Funeral Service Consultant,  
Lemasters Consulting

## David W. Tackett

M. Div., CFSP,  
Newcomer Cremations,  
Funerals, & Receptions

# REGISTRATION

|   |                                       |               |
|---|---------------------------------------|---------------|
| Attendee Name   | Attendee email address                | License #     |
| Attendee Name   | Attendee email address                | License #     |
| \$145 (\$290 Non-Member) each attendee      Total Due:  |                                       |               |
| Funeral Home Name   |                                       |               |
| Address   |                                       |               |
| City, State, Zip  |                                       | Phone #       |
|     |                                       |               |
| Cardholder Name   | Email address for credit card receipt |               |
| Billing address   |                                       |               |
| Card number   | Expiration Date                       | Security Code |
| Signature   |                                       |               |
| Pay with credit card or make checks payable to OFDA, or register at <a href="http://ofdaonline.org">ofdaonline.org</a>  |                                       |               |
| Payment must accompany registration   |                                       |               |